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(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Decument Number)
(Document Number)
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FILED 2024 NOV -5 AM 8: 55 SECRETARY OF STAT

COVER LETTER

TO: Registration Se Division of Con			
	ERVICES LLC		
SUBJECT:	Name of Litt	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ISAMAR VALERA		
		Name of Person	
		Firm/Company	
	4055 ALISSA LN		
		Address	
	HAINES CITY, FL 33844	1	202 Se
		City/State and Zip Code	SECRETAR SECRETAR
	isamarvalera1@gmail.com	(to be used for future annual report notif	
For further information c	concerning this matter, please c	·	AN SEEF STATE
Isamar Valera		954 7063983	F. F.
Name o	of Person	Area Code Daytime	· Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Corp	porations
P.O. Box 632		The Centre of T	
Tallahassee,	r L J2314	Z410 IN. IVIONTO	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AV TAX SERVICES LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our recorded Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability Compa	any were filed on 03/30/2021	and assigned
Florida document number L21000275774		
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited li	iability company here:	
VAINA PA BUENA LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS,		207
		TG Z
		AND ALL
Enter new mailing address, if applicable:		TR OF THE
Mailing address MAY BE A POST OFFICE BOX)		SE OF I
		100 G
		r m
3. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:	<u>.</u>	····
New Registered Office Address:		
	Enter Florida street addres	
	, F 1	orida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ISABEL OVALLES	4055 ALISSA LN HAINES CITY, FL 33844	= Add
			□Remove
			□Change
			□Add
		TALL	SECRETAR CONTRACTOR
			Change SSEC FI.
			F S Remove
			□ Change
			□Add
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			□Remove
			□ Change

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ated October 31st., 2024. Signature of a member or authorized representative of a member	an effecti l ote: If t	ive date is listed, the date the date inserted in th	e must be specific a iis block does no	ind cannot be pr t-meet the app	ior to date of filir licable statutor	ng or more than 9	0 days after fi	ling.) Purs	uant to 605 not be list	5.0207 ted as
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